



Gregory A. Duber
Chief of Police

Employment Questionnaire

APPLICANT NAME: _____

SOCIAL SECURITY NUMBER: _____

POSITION APPLIED FOR: _____

DATE GIVEN QUESTIONNAIRE: _____ DATE RETURNED: _____

INSTRUCTIONS TO THE APPLICANT

The information provided will be used to assist the Bedford Police Department with determining the applicant's qualifications.

Answer each question as completely as possible. If a question does not apply to your particular circumstance, insert "DNA" (Does Not Apply). Should there not be sufficient space to answer a question, use the additional sheets provided. The applicant must initial each page in the space provided. Use only black ink or type to complete the questionnaire. Submit only the original copy of this questionnaire. Photocopies will not be accepted.

The answers to this questionnaire will be verified by polygraph (lie detector), interviews, and a complete background investigation. To be accepted, the questionnaire must be notarized on the last page where indicated.

_____ I WISH TO WITHDRAW FROM CONSIDERATION FOR EMPLOYMENT WITH THE
BEDFORD POLICE DEPARTMENT.

_____ I WISH TO CONTINUE WITH CONSIDERATION FOR EMPLOYMENT WITH THE
BEDFORD POLICE DEPARTMENT.

 X _____ SIGNATURE _____ Date

NAME: _____
(Last) (First) (MI)

ADDRESS: _____
(Street Address) (Apt. #)

(City) (State) (Zip Code)

TELEPHONE: () ()
(Home) (Cell Phone)

LIST ALL NAMES YOU HAVE USED, INCLUDING NICKNAMES. IF FEMALE, FURNISH MAIDEN NAME. IF YOU HAVE EVER USED ANY SURNAMES OTHER THAN YOUR TRUE NAME, DURING WHAT PERIOD AND UNDER WHAT CIRCUMSTANCES WERE THESE NAMES USED? IF YOU HAVE EVER LEGALLY CHANGED YOUR NAME, GIVE DATE, PLACE, COURT, AND ATTACH A COPY OF THE COURT DOCUMENTS.

HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS: _____

SECOND ADDRESS, IF APPLICABLE (e.g., college, military, etc.)

ADDRESS: _____
(Street Address)

(City) (State) (Zip Code)

How long have you lived at the above address: _____

PREVIOUS ADDRESSES (since age 15):

STREET NUMBER:	CITY:	STATE:	FROM MO. / YR.	TO MO. / YR.
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(use additional sheets if necessary)

CITIZENSHIP (CHECK ONE)

____ I AM A U.S. CITIZEN BY BIRTH

____ I AM A NATURALIZED U.S. CITIZEN (IF SO PROVIDE NATURALIZATION CERTIFICATE)

____ I AM NOT A U.S. CITIZEN

____ I HAVE DUAL CITIZENSHIP(IF SO LIST COUNTRY)

HAVE YOU EVER BEEN OUTSIDE OF THE UNITED STATES? ____ YES ____ NO
IF YES PROVIDE DATES, COUNTRY VISITED, AND REASON FOR VISIT.

DO YOU HAVE RELATIVES THAT LIVE OUTSIDE THE COUNTRY ____ YES ____ NO

IF YES PROVIDE NAMES, RELATION TO YOU AND COUNTRY IN WHICH THEY RESIDE

EDUCATION

NAME AND ADDRESS OF HIGH SCHOOL ATTENDED: _____

HIGHEST GRADE COMPLETED: _____ GRADUATED: ____ YES ____ NO

DATE GRADUATED _____

OTHER EQUIVALENCY CERTIFICATE: _____ YEAR OBTAINED: _____

COLLEGE/UNIVERSITY: ADDRESS: DATES ATTENDED:

YEAR GRADUATED: _____ CREDIT HOURS: _____ DEGREE: _____

MAJOR SUBJECT: _____

LIST THE NAME AND ADDRESS OF ANY OTHER TYPE OF SCHOOL(S) ATTENDED, e.g.,
VOCATIONAL SCHOOL, TRADE SCHOOL, BUSINESS SCHOOL.

(NAME) (ADDRESS)

(DATES ATTENDED) (COURSE TYPE) (GRADUATED/YEAR)

ANY OTHER EDUCATION OR SPECIAL SCHOOLING RECEIVED (EXCLUDING MILITARY)

FAMILY HISTORY

FATHER: _____ **LIVING:** _____ **DECEASED:** _____

ADDRESS: _____

OCCUPATION: _____

MOTHER: _____ **LIVING:** _____ **DECEASED:** _____

ADDRESS: _____

OCCUPATION: _____

SPOUSE: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

OCCUPATION: _____

EX-SPOUSE _____ **DATE OF BIRTH** _____

ADDRESS: _____

OCCUPATION: _____

LIST THE NAMES AND ADDRESSES OF ALL CHILDREN, BROTHERS AND SISTERS:

REFERENCES

LIST SIX PERSONS AS REFERENCES. **DO NOT** INCLUDE RELATIVES OR FORMER EMPLOYERS. INCLUDE AT LEAST THREE SOCIAL ACQUAINTANCES.

NAME	ADDRESS
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OCCUPATION	TELEPHONE
------------	-----------

NAME	ADDRESS
------	---------

OCCUPATION	TELEPHONE
------------	-----------

NAME	ADDRESS
------	---------

OCCUPATION	TELEPHONE
------------	-----------

NAME	ADDRESS
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OCCUPATION	TELEPHONE
------------	-----------

NAME	ADDRESS
OCCUPATION	TELEPHONE

NAME	ADDRESS
OCCUPATION	TELEPHONE

EMPLOYMENT HISTORY

BEGIN WITH YOUR PRESENT OR LAST EMPLOYMENT AND LIST IN ORDER YOUR COMPLETE WORK HISTORY IN CHRONOLOGICAL ORDER. INCLUDE ALL FULL TIME, PART TIME EMPLOYMENT(S), MILITARY SERVICE, AUXILIARY AND VOLUNTEER. (Use additional sheets if needed)

(PRESENT EMPLOYER NAME)	(ADDRESS)
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(DATE HIRED)	(DATE LEFT)	(REASON FOR LEAVING)
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(IMMEDIATE SUPERVISOR)	(LAST SALARY)
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(TITLE OR POSITION HELD)

EVER DISCIPLINED FOR ANY REASON?:	HOW MANY TIMES?:
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TYPE OF DISCIPLINE:

EXPLAIN:

LATE FOR WORK:	HOW MANY TIMES?:
----------------	------------------

(EMPLOYER NAME)	(ADDRESS)
-----------------	-----------

(DATE HIRED)	(DATE LEFT)	(REASON FOR LEAVING)
--------------	-------------	----------------------

(IMMEDIATE SUPERVISOR)	(LAST SALARY)
------------------------	---------------

(TITLE OR POSITION HELD)

EVER DISCIPLINED FOR ANY REASON?:	HOW MANY TIMES?:
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TYPE OF DISCIPLINE:

EXPLAIN:

LATE FOR WORK:	HOW MANY TIMES?:
----------------	------------------

(EMPLOYER NAME)

(ADDRESS)

(DATE HIRED)

(DATE LEFT)

(REASON FOR LEAVING)

(IMMEDIATE SUPERVISOR)

(LAST SALARY)

(TITLE OR POSITION HELD)

EVER DISCIPLINED FOR ANY REASON?: _____ HOW MANY TIMES?: _____

TYPE OF DISCIPLINE: _____

EXPLAIN: _____

LATE FOR WORK: _____ HOW MANY TIMES?: _____

(EMPLOYER NAME)

(ADDRESS)

(DATE HIRED)

(DATE LEFT)

(REASON FOR LEAVING)

(IMMEDIATE SUPERVISOR)

(LAST SALARY)

(TITLE OR POSITION HELD)

EVER DISCIPLINED FOR ANY REASON?: _____ HOW MANY TIMES?: _____

TYPE OF DISCIPLINE: _____

EXPLAIN: _____

LATE FOR WORK: _____ HOW MANY TIMES?: _____

(EMPLOYER NAME)

(ADDRESS)

(DATE HIRED)

(DATE LEFT)

(REASON FOR LEAVING)

(IMMEDIATE SUPERVISOR)

(LAST SALARY)

(TITLE OR POSITION HELD)

EVER DISCIPLINED FOR ANY REASON?: _____ HOW MANY TIMES?: _____

TYPE OF DISCIPLINE: _____

EXPLAIN: _____

LATE FOR WORK: _____ HOW MANY TIMES?: _____

(EMPLOYER NAME) (ADDRESS)

(DATE HIRED) (DATE LEFT) (REASON FOR LEAVING)

(IMMEDIATE SUPERVISOR) (LAST SALARY)

(TITLE OR POSITION HELD)

EVER DISCIPLINED FOR ANY REASON?: _____ HOW MANY TIMES?: _____

TYPE OF DISCIPLINE: _____

EXPLAIN: _____

LATE FOR WORK: _____ HOW MANY TIMES?: _____

EMPLOYMENT HISTORY – MILITARY/PUBLIC SERVICE

HAVE YOU EVER APPLIED FOR A POSITION WITH ANY GOVERNMENT AGENCY, POLICE,
OR FIRE DEPARTMENT? _____

DEPARTMENT POSITION APPLIED FOR HIRED? YES / NO / PENDING

HAVE YOU EVER BEEN TERMINATED FROM EMPLOYMENT?

EXPLAIN: _____

HAVE YOU EVER SERVED IN THE MILITARY? _____ BRANCH: _____

DATES SERVED: FROM: _____ TO _____

HIGHEST RANK HELD: _____ SERIAL NUMBER _____

SPECIALITY: _____ CURRENTLY IN RESERVES OR GUARD _____

DATE OF DISCHARGE: _____ TYPE: _____

WERE YOU EVER OVERSEAS? _____

WERE YOU EVER AWOL? _____ HOW MANY TIMES? _____

EVER GIVEN NON-JUDICIAL PUNISHMENT (ARTICLE 15) _____

HOW MANY TIMES? _____

EVER REDUCED IN RANK? _____

EVER RECEIVE A COURT MARTIAL? _____
EVER SPEND TIME IN A BRIG OR STOCKADE? _____
DID YOU EVER CONVERT OR SELL ANY GOVERNMENT PROPERTY? _____

ATTACH A COPY OF YOUR DD-214 LONG FORM

HAVE YOU EVER BEEN ASKED TO TAKE A POLYGRAPH EXAMINATION? _____

REASON: _____

HAVE YOU EVER BEEN REJECTED FOR A SECURITY CLEARANCE? _____

REASON: _____

HAVE YOU EVER BEEN REJECTED FOR BONDING? _____

REASON: _____

AT THE PLACES YOU HAVE WORKED, WHAT IS THE MOST SERIOUS TROUBLE YOU
EVER GOT
INTO: _____

DRIVING RECORD

DO YOU HAVE A VALID DRIVER'S LICENSE? _____ STATE: _____

LICENSE NUMBER: _____ RESTRICTIONS: _____

HOW LONG HAVE YOU BEEN A LICENSED DRIVER? _____

APPROXIMATELY HOW MANY MILES DO YOU DRIVE EACH YEAR? _____

HAVE YOU EVER HAD YOUR LICENSE SUSPENDED? _____

IF SO, EXPLAIN: _____

LIST ALL TRAFFIC CRASHES YOU WERE INVOLVED IN AS THE DRIVER. INCLUDE THE
DATES; AGENCY THAT INVESTIGATED; IF YOU WERE ISSUED A CITATION; AND IF THERE
WERE INJURIES. ALSO LIST UNREPORTED CRASHES.

DATE OF CRASH	INVESTIGATING AGENCY	CITATION	INJURIES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST ALL TRAFFIC VIOLATIONS, CONVICTIONS AND BOND FORFEITURES:

DATE	PLACE OF ARREST OR CITATION	OFFENSE	ISSUING AGENCY	AMOUNT OWED OR PAID
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DO YOU HAVE ANY PENDING PARKING TICKETS? _____ HOW MANY? _____

HAVE YOU EVER HAD AUTOMOBILE INSURANCE DENIED OR CANCELLED? _____

REASON: _____

DO YOU CURRENTLY HAVE AUTOMOBILE INSURANCE? _____
COMPANY: _____
HAVE YOU EVER BEEN PLACED ON ASSIGNED RISK OR HIGH RISK INSURANCE? _____

CRIMINAL HISTORY

HAVE YOU EVER COMMITTED, PARTICIPATED OR CONSPIRED TO COMMIT ANY OF THE FOLLOWING SERIOUS CRIMES:

MURDER	_____	LARCENY/THEFT	_____
ROBBERY	_____	ARSON	_____
MANSLAUGHTER	_____	BURGLARY	_____
SEX OFFENSES:			
RAPE	_____	SEXUAL IMPOSITION	_____
PANDERING OBSCENITY	_____		

EXPLAIN: _____

HAVE YOU EVER BEEN ARRESTED OR SENT TO A JUVENILE COURT? _____

EXPLAIN: _____

AS A JUVENILE, DID YOU EVER REPORT TO A JUVENILE OFFICER? _____

WERE YOU EVER EXPELLED OR SUSPENDED FROM SCHOOL? _____

REASON: _____

HAVE YOU EVER BEEN SUMMONED OR ORDERED TO APPEAR IN ANY COURT AS A WITNESS OR ACCUSED? _____

EXPLAIN: _____

HAVE YOU EVER PAID ANYONE TO ENGAGE IN SEXUAL ACTIVITY? _____

EXPLAIN: _____

HAS ANYONE EVER PAID YOU TO ENGAGE IN SEXUAL ACTIVITY? _____

EXPLAIN: _____

HOW MANY TIMES HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE? INCLUDE MISDEMEANORS, FELONIES, AND MILITARY: _____

DO YOU HAVE ANY CIVIL OR CRIMINAL CHARGES PENDING AGAINST YOU? _____

NATURE OF OFFENSE	WHEN (MO/YR)	LOCATION	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HAVE YOU EVER WORKED FOR AN ILLEGAL GAMBLING OPERATION? _____

EXPLAIN: _____

HAVE YOU EVER USED ANOTHER PERSON'S MONEY TO GAMBLE
WITHOUT THEIR KNOWLEDGE? _____ HOW MUCH? _____ WHEN? _____

DO YOU HAVE ANY GAMBLING DEBTS AT THIS TIME? _____

HAVE YOU EVER BORROWED MONEY TO GAMBLE? _____ HOW MUCH? _____

HAVE YOU EVER BEEN FINGERPRINTED? _____ REASON: _____

HAVE YOU EVER BEEN INVOLVED IN ANY TYPE OF SITUATION FOR WHICH SOMEONE
COULD BLACKMAIL YOU? _____

DRUG USE

*THE FOLLOWING QUESTIONS PERTAIN TO THE ILLEGAL USE OF DRUGS OR DRUG ACTIVITY. YOU ARE
REQUIRED TO ANSWER THE QUESTIONS FULLY AND TRUTHFULLY, AND YOUR FAILURE TO DO SO COULD BE
GROUNDS FOR AN ADVERSE EMPLOYMENT DECISION OR ACTION AGAINST YOU, BUT NEITHER TRUTHFUL
RESPONSES NOR INFORMATION DERIVED FROM YOUR RESPONSES WILL BE USED IN ANY SUBSEQUENT
CRIMINAL PROCEEDING.*

SINCE THE AGE OF 16 OR IN THE LAST SEVEN YEARS, WHICHEVER IS SHORTER, HAVE
YOU **ILLEGALLY** USED ANY CONTROLLED SUBSTANCE, (I.E. MARIJUANA, COCAINE,
LSD, PCP OR ANY OTHER NARCOTIC SUBSTANCE), OR ANY PRESCRIPTION DRUGS?

_____ YES

_____ NO

HAVE YOU EVER ILLEGALLY USED A CONTROLLED SUBSTANCE WHILE EMPLOYED AS A
LAW ENFORCEMENT OFFICER, PROSECUTOR, OR COURTROOM OFFICIAL?

_____ YES

_____ NO

HAVE YOU BEEN INVOLVED IN THE ILLEGAL PURCHASE, MANUFACTURE, TRAFFICKING,
PRODUCTION, TRANSFER, SHIPPING, RECEIVING, OR SALE OF ANY NARCOTIC,
DEPRESSANT, STIMULANT, HALLUCINOGEN, OR CANNABIS FOR YOUR OWN INTENDED
PROFIT OR THAT OF ANOTHER?

_____ YES

_____ NO

IF YOU ANSWERED YES TO ANY OF THESE, LIST THE TYPE OF DRUG, APPROX. DATES,
AND THE NUMBER OF TIMES USED OR SOLD.

INDEBTEDNESS AND FINANCIAL STATUS

ARE YOU: _____ BUYING A HOME
_____ RENTING
_____ LIVING WITH ANOTHER
_____ LIVING WITH PARENTS
_____ OTHER: _____

ARE YOU THE CO-MAKER ON A LOAN FOR ANOTHER PERSON? _____

EXPLAIN: _____

HAVE YOU EVER BEEN TAKEN TO COURT OVER A DEBT? _____

WHEN?: _____ WHERE?: _____

DO YOU OWE MONEY TO ANY OF THE FOLLOWING?

	YES/NO	AMOUNT OWED	TIMES LATE
HOME LOAN	_____	_____	_____
PERSONAL LOAN	_____	_____	_____
AUTO LOAN	_____	_____	_____
CREDIT UNION	_____	_____	_____
PAST/PRESENT FELLOW WORKERS	_____	_____	_____
PAST/PRESENT EMPLOYERS	_____	_____	_____
INTERNAL REVENUE	_____	_____	_____
BACK TAXES (STATE/LOCAL)	_____	_____	_____
ALIMONY	_____	_____	_____
GASOLINE CREDIT CARD	_____	_____	_____
HOUSEHOLD FURNISHINGS	_____	_____	_____
BACK RENT	_____	_____	_____
FINANCIAL INSTITUTION	_____	_____	_____
CLOTHING	_____	_____	_____
STUDENT LOAN	_____	_____	_____
IN-LAWS	_____	_____	_____
PARENTS	_____	_____	_____
COURT JUDGMENTS	_____	_____	_____
CHARGE ACCOUNTS	_____	_____	_____
UNION DUES	_____	_____	_____
EMPLOYMENT AGENCY	_____	_____	_____
CHILD SUPPORT	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ANY OTHER DEBTS NOT LISTED ABOVE? _____

HAVE YOU EVER HAD A DEBT TURNED OVER TO A COLLECTION AGENCY?

EXPLAIN: _____

ARE ANY CREDITORS PRESSING YOU FOR A PAYMENT? _____

HAVE YOU EVER DECLARED OR FILED BANKRUPTCY? _____

WHEN: _____ WHERE: _____

HAVE YOU HAD ANYTHING REPOSSESSED? _____

WHAT: _____

WHEN: _____

HAVE YOUR WAGES EVER BEEN ATTACHED OR GARNISHED? _____

EXPLAIN: _____

DO YOU HAVE ANY CIVIL ACTION PENDING? _____

HAVE YOU EVER BEEN THE DEFENDANT IN SMALL CLAIMS COURT, OR OTHER COURT?

ACTION: _____ EXPLAIN: _____

HAVE YOU EVER BEEN DECLARED DELINQUENT IN CHILD SUPPORT PAYMENTS? _____

HAVE YOU EVER BEEN REFUSED CREDIT? _____

EXPLAIN: _____

EVER KNOWINGLY WRITE A CHECK WITH INSUFFICIENT FUNDS? _____

HOW MANY TIMES?: _____

DO YOU HAVE A CHECKING ACCOUNT? _____ ACCOUNT NUMBER: _____

INSTITUTION: _____

DO YOU HAVE A SAVINGS ACCOUNT? _____ ACCOUNT NUMBER: _____

INSTITUTION: _____

I CERTIFY THAT THE STATEMENTS CONTAINED IN THIS QUESTIONNAIRE ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY OMISSIONS OR FALSE STATEMENTS MADE ON THIS QUESTIONNAIRE MAY BE CAUSE FOR DISAPPROVAL OF MY SELECTION, OR FOR DISCHARGE AFTER APPOINTMENT. I FURTHER REALIZE THAT ANY FALSEHOODS MAY SUBJECT ME TO PROSECUTION UNDER OHIO REVISED CODE SECTION 2921.13.

X

SIGNATURE OF APPLICANT

Subscribed and duly sworn before me according to law, by the above-named applicant this _____ day of _____, 20____ at _____ County of _____, State of _____

(Notary)

(SEAL)